

STOCK WITHDRAWAL AUTHORIZATION REQUEST

TO: AD41
MSFC Supply and Equipment Management Officer

The Following Information is Provided for the Purpose of Issuing a Supply Withdrawal Authorization to the Following Individual:

NAME (Last, First, MI) (Same as on Security Badge):	ORG. CODE:	TELEPHONE NO:	DATE:
TYPE OF REQUEST: (CHECK APPROPRIATE BOXES)			
<input type="checkbox"/> NEW AUTHORIZATION		BADGE NO.	
<input type="checkbox"/> CHANGE TO EXISTING RECORD:		<input type="checkbox"/> CIVIL SERVICE _____	
<input type="checkbox"/> BADGE (OLD NO.): _____		<input type="checkbox"/> CONTRACTOR _____	
<input type="checkbox"/> ORG. CODE (OLD CODE): _____		CONTRACT INFORMATION	
<input type="checkbox"/> NAME (FROM): _____		COMPANY NAME: _____	
<input type="checkbox"/> ADD CONTROLLED ITEMS		PRIME CONTRACTOR NAME: _____	
<input type="checkbox"/> DELETE CONTROLLED ITEMS		PRIME CONTRACT NO: _____	
<input type="checkbox"/> CANCELLATION OF AUTHORIZATION		EXPIRATION DATE: _____	

The supply items below are controlled. To receive these items, the appropriate blocks must be checked and the Lab/Office Director must provide written justification below. (Authorization will be withdrawn when an employee transfers to another organization.)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> ALCOHOL, ETHYL (A) | <input type="checkbox"/> GLOVES, LEATHER (G) | <input type="checkbox"/> MEDICAL SUPPLIES (M) | <input type="checkbox"/> TRACEABLE ITEMS (T) |
| <input type="checkbox"/> CAFETERIA SUPPLIES (C) | <input type="checkbox"/> PRECIOUS METALS (J) | <input type="checkbox"/> FLIGHT ITEMS (PREFERRED) (P) | <input type="checkbox"/> VIDEO/AUDIO CASSETTES (V) |
| <input type="checkbox"/> FILM (F) | | | |

Justification to withdraw controlled items (each item requested must be individually justified with specific justification accomplishment of assigned duties is not acceptable).

MSFC LAB/OFFICE DIRECTOR	MSFC CONTRACTING OFFICER/COTR
SIGNATURE	SIGNATURE